

## DMV Lane Technician Observation Report

|  |                              |   |                                     |
|--|------------------------------|---|-------------------------------------|
| <b>DMV Technician:</b> <i>LaRoche, John</i>                          |                              | <b>Position:</b> <u>1 or 2</u>            |                                     |
| <b>Station:</b> <i>Wilm</i>  |                              | <b>Date:</b> <i>4-18-13</i>               | <b>Time:</b> <i>11:00</i>           |
| <b>Vehicle Make:</b> <i>Honda</i>                                    |                              | <b>Model:</b> <i>Acura</i>                | <b>Year:</b> <i>1997</i>            |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <i>GAS</i> | <b>Registration Number:</b> <i>7H8789</i> |                                     |
| <b>Auditor:</b> <i>Chandra</i>                                       |                              | <b>Covert / Overt</b> (circle one)        |                                     |
|  |                              | <b>YES</b>                                | <b>NO</b>                           |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <input checked="" type="checkbox"/>       | <input type="checkbox"/>            |
| 2. Was <b>Emissions</b> testing required?                            |                              | <input checked="" type="checkbox"/>       | <input type="checkbox"/>            |
| a) Was Emissions testing performed using OBD?                        |                              | <input checked="" type="checkbox"/>       | <input type="checkbox"/>            |
| b) Was Emissions testing performed using Analyzer Probe?             |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| c) Was Emissions testing performed using Paddle(s)?                  |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| d) Was Emissions testing performed using Clip?                       |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| <b>New Castle and Kent Counties Only</b>                             |                              |   |                                     |
| 7. Was Two-Speed Idle testing required?                              |                              | <input checked="" type="checkbox"/>       | <input type="checkbox"/>            |
| a) Was Two-Speed Idle testing performed?                             |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| <b>Sussex County Only</b>  |                              |   |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| a) Was Curb Idle testing performed?                                  |                              | <input type="checkbox"/>                  | <input type="checkbox"/>            |
| <b>Comment:</b>  |                              |   |                                     |
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| Lane Supervisor Signature:   |                              |   |                                     |

## DMV Lane Technician Observation Report

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|--|------------------------------|---|-------------------------------------|
| <b>DMV Technician:</b> <i>Krueh, Amy</i>                             |                              | <b>Position:</b> <u>1 or 2</u>            |                                     |
| <b>Station:</b> <i>Wilco</i>   | <b>Date:</b> <i>4-10-13</i>  | <b>Time:</b> <i>12:45</i>                 |                                     |
| <b>Vehicle Make:</b> <i>Toyota</i>                                   | <b>Model:</b> <i>Camry</i>   | <b>Year:</b> <i>2003</i>                  |                                     |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <i>GAS</i> | <b>Registration Number:</b> <i>211409</i> |                                     |
| <b>Auditor:</b> <i>Corey Drake</i>                                   |                              | <b>Covert / <u>Overt</u></b> (circle one) |                                     |
|  |                              | <b>YES</b>                                | <b>NO</b>                           |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <input checked="" type="checkbox"/>       |                                     |
| 2. Was <b>Emissions</b> testing required?                            |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Was Emissions testing performed using OBD?                        |                              | <input checked="" type="checkbox"/>       |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |   |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                              |   |                                     |
| d) Was Emissions testing performed using Clip?                       |                              |   |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              |   | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                              |   |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                              |   |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                              |   |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              |   | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |   |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |   |                                     |
|  |                              |   |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                              |   |                                     |
| 7. Was Two-Speed Idle testing required?                              |                              |   | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed?                             |                              |   |                                     |
|  |                              |   |                                     |
| <b>Sussex County Only</b>  |                              |   |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |   |                                     |
| a) Was Curb Idle testing performed?                                  |                              |   |                                     |
|  |                              |   |                                     |
| <b>Comment:</b>  |                              |   |                                     |
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| Lane Supervisor Signature:   |                              |   |                                     |



## DMV Lane Technician Observation Report

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|---|------------------------------|---|--|
| <b>DMV Technician:</b> <i>Dinky Kehoe</i> |                              | <b>Position:</b> <u>1 or 2</u>            |  |
| <b>Station:</b> <i>W/M</i>                | <b>Date:</b> <i>4-15-13</i>  | <b>Time:</b> <i>12:50</i>                 |  |
| <b>Vehicle Make:</b> <i>Mercedes</i>      | <b>Model:</b> <i>SAMU</i>    | <b>Year:</b> <i>2004</i>                  |  |
| <b>GVWR:</b>                              | <b>Fuel Type:</b> <i>GAS</i> | <b>Registration Number:</b> <i>V1A</i>    |  |
| <b>Auditor:</b> <i>Courda K</i>           |                              | <b>Covert / <u>Overt</u></b> (circle one) |  |

  

|  |            |           |            |
|--|------------|-----------|------------|
| <i>1 MEFM855 84A609468</i>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 1. Did technician check vehicle paper work and verify VIN number?    | <i>✓</i>   |           |            |
| 2. Was <b>Emissions</b> testing required?                            | <i>✓</i>   |           |            |
| a) Was Emissions testing performed using OBD?                        | <i>✓</i>   |           |            |
| b) Was Emissions testing performed using Analyzer Probe?             |            |           |            |
| c) Was Emissions testing performed using Paddle(s)?                  |            |           |            |
| d) Was Emissions testing performed using Clip?                       |            |           |            |
| 3. Was <b>Catalytic Converter</b> inspection required?               |            | <i>✓</i>  |            |
| a) Was Catalytic Converter inspection performed?                     |            |           |            |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |            | <i>✓</i>  |            |
| a) Was Fuel Tank pressure testing performed?                         |            |           |            |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |            | <i>✓</i>  |            |
| a) Was Fuel Cap pressure testing performed?                          |            |           |            |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |            | <i>✓</i>  |            |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |            |           |            |
| b) If this is re-check #3, was repair paperwork verified for waiver? |            |           |            |
| <b>New Castle and Kent Counties Only</b>                             |            |           |            |
| 7. Was Two-Speed Idle testing required?                              |            | <i>✓</i>  |            |
| a) Was Two-Speed Idle testing performed?                             |            |           |            |
| <b>Sussex County Only</b>  |            |           |            |
| 8. Was <b>Curb Idle</b> testing required?                            |            |           |            |
| a) Was Curb Idle testing performed?                                  |            |           |            |
| <b>Comment:</b>  |            |           |            |
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## DMV Lane Technician Observation Report

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|--|-------------------------------------|---|-------------------------------------|
| <b>DMV Technician:</b> <i>Gland BoD</i>                              |                                     | <b>Position:</b> 1 or 2                   |                                     |
| <b>Station:</b> <i>Wilm</i>  | <b>Date:</b> <i>4-15-13</i>         | <b>Time:</b> <i>1:05</i>                  |                                     |
| <b>Vehicle Make:</b> <i>Toyota</i>                                   | <b>Model:</b> <i>MTX</i>            | <b>Year:</b> <i>2005</i>                  |                                     |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <i>GAS</i>        | <b>Registration Number:</b> <i>04713</i>  |                                     |
| <b>Auditor:</b> <i>Overdak</i>                                       |                                     | <b>Covert / <u>Overt</u></b> (circle one) |                                     |
|  |                                     |   |                                     |
|  | <b>YES</b>                          | <b>NO</b>                                 | <b>N/A</b>                          |
| 1. Did technician check vehicle paper work and verify VIN number?    | <input checked="" type="checkbox"/> |   |                                     |
| 2. Was <b>Emissions</b> testing required?                            | <input checked="" type="checkbox"/> |   |                                     |
| a) Was Emissions testing performed using OBD?                        | <input checked="" type="checkbox"/> |   |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                                     |   |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                                     |   |                                     |
| d) Was Emissions testing performed using Clip?                       |                                     |   |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                                     |   | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                                     |   |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                                     |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                                     |   |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                                     |   | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                                     |   |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                                     | <input checked="" type="checkbox"/>       |                                     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                                     |   |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                                     |   |                                     |
|  |                                     |   |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                                     |   |                                     |
| 7. Was Two-Speed Idle testing required?                              |                                     | <input checked="" type="checkbox"/>       |                                     |
| a) Was Two-Speed Idle testing performed?                             |                                     |   |                                     |
| <b>Sussex County Only</b>  |                                     |   |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                                     |   |                                     |
| a) Was Curb Idle testing performed?                                  |                                     |   |                                     |
| <b>Comment:</b>  |                                     |   |                                     |
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| Lane Supervisor Signature:   |                                     |   |                                     |



## DMV Lane Technician Observation Report

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|--|--------------------------------|--|--|
| <b>DMV Technician:</b> <i>Weigelt, Mellisa</i> |                                | <b>Position:</b> <u>1 or 2</u>               |  |
| <b>Station:</b> <i>Wilm</i>                    | <b>Date:</b> <i>4-15-13</i>    | <b>Time:</b> <i>1:30</i>                     |  |
| <b>Vehicle Make:</b> <i>Chev</i>               | <b>Model:</b> <i>Trick BLA</i> | <b>Year:</b> <i>2002</i>                     |  |
| <b>GVWR:</b> <i>5750</i>                       | <b>Fuel Type:</b> <i>GAS</i>   | <b>Registration Number:</b> <i>See Below</i> |  |
| <b>Auditor:</b> <i>Condra/W</i>                |                                | <b>Covert / <u>Overt</u></b> (circle one)    |  |

  

|  | YES                                 | NO                                  | N/A                                 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did technician check vehicle paper work and verify VIN number?    | <input checked="" type="checkbox"/> |                                     |                                     |
| 2. Was <b>Emissions</b> testing required?                            | <input checked="" type="checkbox"/> |                                     |                                     |
| a) Was Emissions testing performed using OBD?                        | <input checked="" type="checkbox"/> |                                     |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                                     |                                     |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                                     |                                     |                                     |
| d) Was Emissions testing performed using Clip?                       |                                     |                                     |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                                     |                                     | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                                     |                                     |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                                     |                                     | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                                     |                                     |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                                     |                                     | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                                     |                                     |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                                     | <input checked="" type="checkbox"/> |                                     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                                     |                                     |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                                     |                                     |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                                     |                                     |                                     |
| 7. Was Two-Speed Idle testing required?                              |                                     | <input checked="" type="checkbox"/> |                                     |
| a) Was Two-Speed Idle testing performed?                             |                                     |                                     |                                     |
| <b>Sussex County Only</b>  |                                     |                                     |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                                     |                                     |                                     |
| a) Was Curb Idle testing performed?                                  |                                     |                                     |                                     |
| <b>Comment:</b> <i>1 Gold</i>  |                                     |                                     |                                     |
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| Lane Supervisor Signature: _____                                     |                                     |                                     |                                     |

## DMV Lane Technician Observation Report

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|--|---|---------------------------------------|-------------------|
| DMV Technician: <u>Sydney Rte Anthony -</u>                          |   | Position: <u>1 or 2</u>               |                   |
| Station: <u>Wilmington</u>   |   | Date: <u>4-12-13</u>                  | Time: <u>1:21</u> |
| Vehicle Make: <u>Toyota</u>  |   | Model: <u>1</u>                       | Year: <u>2004</u> |
| GVWR:  | Fuel Type: <u>Gas + Electric Hybrid</u> | Registration Number: <u>1P0007774</u> |                   |
| Auditor: <u>Conda K</u>  |   | Covert / <u>Overt</u> (circle one)    |                   |
|  | YES                                     | NO                                    | N/A               |
| 1. Did technician check vehicle paper work and verify VIN number?    | <u>✓</u>                                |                                       |                   |
| 2. Was <b>Emissions</b> testing required?                            | <u>✓</u>                                |                                       |                   |
| a) Was Emissions testing performed using OBD?                        | <u>✓</u>                                |                                       |                   |
| b) Was Emissions testing performed using Analyzer Probe?             |   |                                       |                   |
| c) Was Emissions testing performed using Paddle(s)?                  |   |                                       |                   |
| d) Was Emissions testing performed using Clip?                       |   |                                       |                   |
| 3. Was <b>Catalytic Converter</b> inspection required?               |   |                                       | <u>✓</u>          |
| a) Was Catalytic Converter inspection performed?                     |   |                                       |                   |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |   |                                       | <u>✓</u>          |
| a) Was Fuel Tank pressure testing performed?                         |   |                                       |                   |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |   |                                       | <u>✓</u>          |
| a) Was Fuel Cap pressure testing performed?                          |   |                                       |                   |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |   | <u>✓</u>                              |                   |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |   |                                       |                   |
| b) If this is re-check #3, was repair paperwork verified for waiver? |   |                                       |                   |
| <b>New Castle and Kent Counties Only</b>                             |   |                                       |                   |
| 7. Was Two-Speed Idle testing required?                              |   | <u>✓</u>                              |                   |
| a) Was Two-Speed Idle testing performed?                             |   |                                       |                   |
| <b>Sussex County Only</b>  |   |                                       |                   |
| 8. Was <b>Curb Idle</b> testing required?                            |   |                                       |                   |
| a) Was Curb Idle testing performed?                                  |   |                                       |                   |
| <b>Comment:</b>  |   |                                       |                   |
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| Lane Supervisor Signature:   |   |                                       |                   |



## DMV Lane Technician Observation Report

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|--|-----------------------|-------------------------------------|-------------------------------------|
| DMV Technician: <u>STinson Ray</u>                                   |                       | Position: <u>1 or 2</u>             |                                     |
| Station: <u>Wilm</u>   | Date: <u>4-13-13</u>  | Time: <u>11:00</u>                  |                                     |
| Vehicle Make: <u>Altima</u>  | Model: <u>2.5</u>     | Year: <u>2008</u>                   |                                     |
| GVWR:  | Fuel Type: <u>Gas</u> | Registration Number: <u>307377</u>  |                                     |
| Auditor: <u>Cornelia</u>   |                       | Covert / <u>Overt</u> (circle one)  |                                     |
|  |                       | YES                                 | NO                                  |
| 1. Did technician check vehicle paper work and verify VIN number?    |                       | <input checked="" type="checkbox"/> |                                     |
| 2. Was <b>Emissions</b> testing required?                            |                       | <input checked="" type="checkbox"/> |                                     |
| a) Was Emissions testing performed using OBD?                        |                       | <input checked="" type="checkbox"/> |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                       |                                     |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                       |                                     |                                     |
| d) Was Emissions testing performed using Clip?                       |                       |                                     |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                       |                                     | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                       |                                     |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                       |                                     | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                       |                                     |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                       |                                     | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                       |                                     |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                       |                                     | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                       |                                     |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                       |                                     |                                     |
|  |                       |                                     |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                       |                                     |                                     |
| 7. Was Two-Speed Idle testing required?                              |                       |                                     | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed?                             |                       |                                     |                                     |
|  |                       |                                     |                                     |
| <b>Sussex County Only</b>  |                       |                                     |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                       |                                     |                                     |
| a) Was Curb Idle testing performed?                                  |                       |                                     |                                     |
| <b>Comment:</b>  |                       |                                     |                                     |
|  |                       |                                     |                                     |
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| Lane Supervisor Signature:   |                       |                                     |                                     |

Revised 04/12/2013

## DMV Lane Technician Observation Report

|                                       |                       |                                    |  |
|---------------------------------------|-----------------------|------------------------------------|--|
| DMV Technician: <i>Brady - Roseff</i> |                       | Position: <u>1 or 2</u>            |  |
| Station: <i>Wilm</i>                  | Date:                 | Time: <i>12:19</i>                 |  |
| Vehicle Make: <i>Chrysler</i>         | Model: <i>Imp</i>     | Year: <i>2008</i>                  |  |
| GVWR:                                 | Fuel Type: <i>GAS</i> | Registration Number: <i>185521</i> |  |
| Auditor: <i>Courdate</i>              |                       | Covert / <u>Overt</u> (circle one) |  |

  

|  | YES                                 | NO                                  | N/A                                 |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did technician check vehicle paper work and verify VIN number?    | <input checked="" type="checkbox"/> |                                     |                                     |
| 2. Was <b>Emissions</b> testing required?                            | <input checked="" type="checkbox"/> |                                     |                                     |
| a) Was Emissions testing performed using OBD?                        | <input checked="" type="checkbox"/> |                                     |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                                     |                                     |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                                     |                                     |                                     |
| d) Was Emissions testing performed using Clip?                       |                                     |                                     |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                                     |                                     | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                                     |                                     |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                                     |                                     | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                                     |                                     |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                                     |                                     | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                                     |                                     |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                                     | <input checked="" type="checkbox"/> |                                     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                                     |                                     |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                                     |                                     |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                                     |                                     |                                     |
| 7. Was Two-Speed Idle testing required?                              |                                     | <input checked="" type="checkbox"/> |                                     |
| a) Was Two-Speed Idle testing performed?                             |                                     |                                     |                                     |
| <b>Sussex County Only</b>  |                                     |                                     |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                                     |                                     |                                     |
| a) Was Curb Idle testing performed?                                  |                                     |                                     |                                     |
| <b>Comment:</b>  |                                     |                                     |                                     |
|  |                                     |                                     |                                     |
|  |                                     |                                     |                                     |
|  |                                     |                                     |                                     |
|  |                                     |                                     |                                     |
| Lane Supervisor Signature:   |                                     |                                     |                                     |

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## DMV Lane Technician Observation Report

|  |                              |   |   |
|--|------------------------------|---|---|
| <b>DMV Technician:</b> <i>Rodriguez Stephen</i>                      |                              | <b>Position:</b> <u>1 or 2</u>            |   |
| <b>Station:</b> <i>Wilmington</i>                                    |                              | <b>Date:</b> <i>4-12-13</i>               | <b>Time:</b> <i>2:20</i>                          |
| <b>Vehicle Make:</b> <i>Buick</i>                                    |                              | <b>Model:</b> <i>Canting</i>              | <b>Year:</b> <i>1997</i>                          |
| <b>GVWR:</b>   | <b>Fuel Type:</b> <i>GAS</i> | <b>Registration Number:</b> <i>185521</i> |   |
| <b>Auditor:</b> <i>Conrad</i>  |                              | <b>Covert / Overt</b> (circle one)        |   |
|  |                              | <b>YES</b>                                | <b>NO</b>   |
|  |                              | <b>N/A</b>                                |   |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <input checked="" type="checkbox"/>       |   |
| 2. Was <b>Emissions</b> testing required?                            |                              | <input checked="" type="checkbox"/>       |   |
| a) Was Emissions testing performed using OBD?                        |                              | <input checked="" type="checkbox"/>       |   |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |   |   |
| c) Was Emissions testing performed using Paddle(s)?                  |                              |   |   |
| d) Was Emissions testing performed using Clip?                       |                              |   |   |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              | <input checked="" type="checkbox"/>       |   |
| a) Was Catalytic Converter inspection performed?                     |                              | <input checked="" type="checkbox"/>       |   |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              |   | <input checked="" type="checkbox"/> <i>2 HAND</i> |
| a) Was Fuel Tank pressure testing performed?                         |                              |   | <input checked="" type="checkbox"/> <i>3 HAND</i> |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              | <input checked="" type="checkbox"/>       |   |
| a) Was Fuel Cap pressure testing performed?                          |                              | <input checked="" type="checkbox"/>       |   |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              |   |   |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |   | <input checked="" type="checkbox"/>               |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |   |   |
|  |                              |   |   |
| <b>New Castle and Kent Counties Only</b>                             |                              |   |   |
| 7. Was Two-Speed Idle testing required?                              |                              | <input checked="" type="checkbox"/>       |   |
| a) Was Two-Speed Idle testing performed?                             |                              | <input checked="" type="checkbox"/>       |   |
|  |                              |   |   |
| <b>Sussex County Only</b>  |                              |   |   |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |   |   |
| a) Was Curb Idle testing performed?                                  |                              |   |   |
| <b>Comment:</b>  |                              |   |   |
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| Lane Supervisor Signature:   |                              |   |   |

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## DMV Lane Technician Observation Report

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|--|-----------------------|-------------------------------------|-------------------------------------|
| DMV Technician: <u>Reano Sgaravelli</u>                              |                       | Position: <u>1</u> or 2             |                                     |
| Station: <u>Wilm</u>   | Date: <u>4/7/13</u>   | Time: <u>1:15</u>                   |                                     |
| Vehicle Make: <u>MAZDA</u>   | Model: <u>MIATA</u>   | Year: <u>2008</u>                   |                                     |
| GVWR:  | Fuel Type: <u>GAS</u> | Registration Number: <u>179229</u>  |                                     |
| Auditor: <u>Gavinda Le</u>   |                       | Covert / <u>Overt</u> (circle one)  |                                     |
|  |                       | YES                                 | NO                                  |
| 1. Did technician check vehicle paper work and verify VIN number?    |                       | <input checked="" type="checkbox"/> |                                     |
| 2. Was <b>Emissions</b> testing required?                            |                       | <input checked="" type="checkbox"/> |                                     |
| a) Was Emissions testing performed using OBD?                        |                       | <input checked="" type="checkbox"/> |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                       |                                     |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                       |                                     |                                     |
| d) Was Emissions testing performed using Clip?                       |                       |                                     |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                       |                                     | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed?                     |                       |                                     |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                       |                                     | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed?                         |                       |                                     |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                       |                                     | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed?                          |                       |                                     |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                       |                                     | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                       |                                     |                                     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                       |                                     |                                     |
|  |                       |                                     |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                       |                                     |                                     |
| 7. Was Two-Speed Idle testing required?                              |                       |                                     | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed?                             |                       |                                     |                                     |
|  |                       |                                     |                                     |
| <b>Sussex County Only</b>  |                       |                                     |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                       |                                     |                                     |
| a) Was Curb Idle testing performed?                                  |                       |                                     |                                     |
|  |                       |                                     |                                     |
| <b>Comment:</b>  |                       |                                     |                                     |
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| Lane Supervisor Signature:   |                       |                                     |                                     |

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## DMV Lane Technician Observation Report

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|--|------------------------------|--|--|
| <b>DMV Technician:</b> <i>Beamingfield, Robert</i> |                              | <b>Position:</b> <u>1 or 2</u>               |  |
| <b>Station:</b> <i>W. 1m</i>                       | <b>Date:</b> <i>4-12-13</i>  | <b>Time:</b> <i>12:39</i>                    |  |
| <b>Vehicle Make:</b> <i>Jeep</i>                   | <b>Model:</b> <i>CR 3.0L</i> | <b>Year:</b> <i>2002</i>                     |  |
| <b>GVWR:</b> <i>5400</i>                           | <b>Fuel Type:</b> <i>GAS</i> | <b>Registration Number:</b> <i>PC 487088</i> |  |
| <b>Auditor:</b> <i>Carroll</i>                     |                              | <b>Covert / <u>Overt</u></b> (circle one)    |  |

  

|  | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number?    | ✓   |    |     |
| 2. Was <b>Emissions</b> testing required?                            | ✓   |    |     |
| a) Was Emissions testing performed using OBD?                        | ✓   |    |     |
| b) Was Emissions testing performed using Analyzer Probe?             |     |    |     |
| c) Was Emissions testing performed using Paddle(s)?                  |     |    |     |
| d) Was Emissions testing performed using Clip?                       |     |    |     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |     |    | ✓   |
| a) Was Catalytic Converter inspection performed?                     |     |    |     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |     |    | ✓   |
| a) Was Fuel Tank pressure testing performed?                         |     |    |     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |     |    | ✓   |
| a) Was Fuel Cap pressure testing performed?                          |     |    |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |     |    | ✓   |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |     |    |     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |     |    |     |
| <b>New Castle and Kent Counties Only</b>                             |     |    |     |
| 7. Was Two-Speed Idle testing required?                              |     | ✓  |     |
| a) Was Two-Speed Idle testing performed?                             |     |    |     |
| <b>Sussex County Only</b>  |     |    |     |
| 8. Was <b>Curb Idle</b> testing required?                            |     |    |     |
| a) Was Curb Idle testing performed?                                  |     |    |     |
| <b>Comment:</b>  |     |    |     |
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| Lane Supervisor Signature:   |     |    |     |

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## DMV Lane Technician Observation Report

|  |                              |   |                                     |
|--|------------------------------|---|-------------------------------------|
| <b>DMV Technician:</b> <u>Huhn</u>                                   |                              | <b>Position:</b> <u>1 or 2</u>            |                                     |
| <b>Station:</b> <u>Wila</u>  | <b>Date:</b> <u>4-12-</u>    | <b>Time:</b> <u>11:05</u>                 |                                     |
| <b>Vehicle Make:</b> <u>Dodge</u>                                    | <b>Model:</b> <u>Ram</u>     | <b>Year:</b> <u>1993</u>                  |                                     |
| <b>GVWR:</b> <u>7500</u>   | <b>Fuel Type:</b> <u>Gas</u> | <b>Registration Number:</b> <u>076547</u> |                                     |
| <b>Auditor:</b> <u>Courson</u>                                       |                              | <b>Covert / Overt</b> (circle one)        |                                     |
|  |                              | <b>YES</b>                                | <b>NO</b>                           |
|  |                              | <b>N/A</b>                                |                                     |
| 1. Did technician check vehicle paper work and verify VIN number?    |                              | <input checked="" type="checkbox"/>       |                                     |
| 2. Was <b>Emissions</b> testing required?                            |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Was Emissions testing performed using OBD?                        |                              |   |                                     |
| b) Was Emissions testing performed using Analyzer Probe?             |                              |   |                                     |
| c) Was Emissions testing performed using Paddle(s)?                  |                              | <input checked="" type="checkbox"/>       |                                     |
| d) Was Emissions testing performed using Clip?                       |                              |   |                                     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Was Catalytic Converter inspection performed?                     |                              | <input checked="" type="checkbox"/>       |                                     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Was Fuel Tank pressure testing performed?                         |                              | <input checked="" type="checkbox"/>       |                                     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Was Fuel Cap pressure testing performed?                          |                              | <input checked="" type="checkbox"/>       |                                     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |                              |   | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? |                              |   |                                     |
|  |                              |   |                                     |
| <b>New Castle and Kent Counties Only</b>                             |                              |   |                                     |
| 7. Was Two-Speed Idle testing required?                              |                              | <input checked="" type="checkbox"/>       |                                     |
| a) Was Two-Speed Idle testing performed?                             |                              | <input checked="" type="checkbox"/>       |                                     |
|  |                              |   |                                     |
| <b>Sussex County Only</b>  |                              |   |                                     |
| 8. Was <b>Curb Idle</b> testing required?                            |                              |   |                                     |
| a) Was Curb Idle testing performed?                                  |                              |   |                                     |
| <b>Comment:</b>  |                              |   |                                     |
|  |                              |   |                                     |
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| Lane Supervisor Signature:   |                              |   |                                     |

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## DMV Lane Technician Observation Report

|                                     |                      |                                    |  |
|-------------------------------------|----------------------|------------------------------------|--|
| DMV Technician: <u>Matthews Jim</u> |                      | Position: <u>1</u> or 2            |  |
| Station: <u>Wilco</u>               | Date: <u>4-12-13</u> | Time: <u>1:08</u>                  |  |
| Vehicle Make: <u>DODGE</u>          | Model: <u>R15</u>    | Year: <u>2004</u>                  |  |
| GVWR: <u>6050</u>                   | Fuel Type:           | Registration Number: <u>CT2422</u> |  |
| Auditor:                            |                      | Covert <u>Overt</u> (circle one)   |  |

  

|  | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number?    | ✓   |    |     |
| 2. Was <b>Emissions</b> testing required?                            | ✓   |    |     |
| a) Was Emissions testing performed using OBD?                        | ✓   |    |     |
| b) Was Emissions testing performed using Analyzer Probe?             |     |    |     |
| c) Was Emissions testing performed using Paddle(s)?                  |     |    |     |
| d) Was Emissions testing performed using Clip?                       |     |    |     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |     |    | ✓   |
| a) Was Catalytic Converter inspection performed?                     |     |    |     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |     |    | ✓   |
| a) Was Fuel Tank pressure testing performed?                         |     |    |     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |     |    | ✓   |
| a) Was Fuel Cap pressure testing performed?                          |     |    |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |     | ✓  |     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |     |    |     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |     |    |     |
| <b>New Castle and Kent Counties Only</b>                             |     |    |     |
| 7. Was Two-Speed Idle testing required?                              |     | ✓  |     |
| a) Was Two-Speed Idle testing performed?                             |     |    |     |
| <b>Sussex County Only</b>  |     |    |     |
| 8. Was <b>Curb Idle</b> testing required?                            |     |    |     |
| a) Was Curb Idle testing performed?                                  |     |    |     |
| <b>Comment:</b>  |     |    |     |
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| Lane Supervisor Signature:   |     |    |     |

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## DMV Lane Technician Observation Report

|   |                       |                                     |  |
|---|-----------------------|-------------------------------------|--|
| DMV Technician: <u>Fitz Harris Dennis</u> |                       | Position: <u>1 or 2</u>             |  |
| Station: <u>Wilm</u>                      | Date: <u>4-12-13</u>  | Time: <u>1:15</u>                   |  |
| Vehicle Make: <u>Ford</u>                 | Model: <u>ESP</u>     | Year: <u>2003</u>                   |  |
| GVWR:                                     | Fuel Type: <u>GAS</u> | Registration Number: <u>VU49768</u> |  |
| Auditor: <u>Coverdale</u>                 |                       | Covert / <u>Over</u> (circle one)   |  |

  

|  | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number?    | ✓   |    |     |
| 2. Was <b>Emissions</b> testing required?                            | ✓   |    |     |
| a) Was Emissions testing performed using OBD?                        | ✓   |    |     |
| b) Was Emissions testing performed using Analyzer Probe?             |     |    |     |
| c) Was Emissions testing performed using Paddle(s)?                  |     |    |     |
| d) Was Emissions testing performed using Clip?                       |     |    |     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |     |    | ✓   |
| a) Was Catalytic Converter inspection performed?                     |     |    |     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |     |    | ✓   |
| a) Was Fuel Tank pressure testing performed?                         |     |    |     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |     |    | ✓   |
| a) Was Fuel Cap pressure testing performed?                          |     |    |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |     | ✓  |     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |     |    |     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |     |    |     |
| <b>New Castle and Kent Counties Only</b>                             |     |    |     |
| 7. Was Two-Speed Idle testing required?                              |     | ✓  |     |
| a) Was Two-Speed Idle testing performed?                             |     |    |     |
| <b>Sussex County Only</b>  |     |    |     |
| 8. Was <b>Curb Idle</b> testing required?                            |     |    |     |
| a) Was Curb Idle testing performed?                                  |     |    |     |
| <b>Comment:</b>  |     |    |     |
| <u>VU 1FM YU 93 1131CD 49768</u>                                     |     |    |     |
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## DMV Lane Technician Observation Report

|                                   |                             |                                      |  |
|-----------------------------------|-----------------------------|--------------------------------------|--|
| DMV Technician: <u>Quist MARK</u> |                             | Position: 1 or 2                     |  |
| Station: <u>Wilm</u>              | Date: <u>4-12-13</u>        | Time: <u>1:55</u>                    |  |
| Vehicle Make: <u>Ford</u>         | Model <u>Exp.</u>           | Year <u>2004</u>                     |  |
| GVWR:                             | Fuel Type: <u>GAS</u>       | Registration Number: <u>PC605248</u> |  |
| Auditor: <u>Cowdaler</u>          | Covert / Overt (circle one) |                                      |  |

  

|  | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number?    | ✓   |    |     |
| 2. Was <b>Emissions</b> testing required?                            | ✓   |    |     |
| a) Was Emissions testing performed using OBD?                        | ✓   |    |     |
| b) Was Emissions testing performed using Analyzer Probe?             |     |    |     |
| c) Was Emissions testing performed using Paddle(s)?                  |     |    |     |
| d) Was Emissions testing performed using Clip?                       |     |    |     |
| 3. Was <b>Catalytic Converter</b> inspection required?               |     |    | ✓   |
| a) Was Catalytic Converter inspection performed?                     |     |    |     |
| 4. Was <b>Fuel Tank</b> pressure testing required?                   |     |    | ✓   |
| a) Was Fuel Tank pressure testing performed?                         |     |    |     |
| 5. Was <b>Fuel Cap</b> pressure testing required?                    |     |    | ✓   |
| a) Was Fuel Cap pressure testing performed?                          |     |    |     |
| 6. Is this test a <b>Re-check</b> from a prior failure?              |     | ✓  |     |
| a) Which re-check test is being performed? 1 2 3 (circle one)        |     |    |     |
| b) If this is re-check #3, was repair paperwork verified for waiver? |     |    |     |
| <b>New Castle and Kent Counties Only</b>                             |     |    |     |
| 7. Was Two-Speed Idle testing required?                              |     | ✓  |     |
| a) Was Two-Speed Idle testing performed?                             |     |    |     |
| <b>Sussex County Only</b>  |     |    |     |
| 8. Was <b>Curb Idle</b> testing required?                            |     |    |     |
| a) Was Curb Idle testing performed?                                  |     |    |     |
| <b>Comment:</b>  |     |    |     |
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| Lane Supervisor Signature:   |     |    |     |